

~~03500.009583.3~~

21/2
BoA 14-03

~~/s/~~ In re Application of:

Examiner: L.T. Nguyen

Group Art Unit: 2612

January 2, 2003

For: IMAGE PROCESSING SYSTEM AND
INFORMATION PROCESSING
APPARATUS

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Technology Center 2600

Sir:

In response to the Office Action dated October 2, 2002, the Examiner is respectfully requested to amend the above-identified application as follows:

IN THE CLAIMS:

Please amend Claims 27 and 37, and add new Claims 44-61 to read as follows.

A marked-up copy of the amended claims, showing the changes made thereto, is attached.

01/09/2003 SSESHE1 00000112 08898921

01 FC:1202	486.00 OP
02 FC:1201	84.00 OP
03 FC:1203	280.00 OP

I hereby certify that this correspondence is being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on

January 2, 2003
(Date of Deposit)

Frank DeLucia

(Name of Attorney for Applicant)

7 (Name of Attorney)
Mark J. Miller
Signature

January 2, 2003
Date of Signature

2612/4



In re Application of:
YOICHI YAMAGISHI
Appln. No.: 08/898,921

Docket No. 03500.009583.3

Examiner: L.T. Nguyen

Filed: July 23, 1997

Group Art Unit: 2612

For: IMAGE PROCESSING SYSTEM AND
INFORMATION PROCESSING APPARATUS

January 2, 2003

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

RECEIVED
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Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 47	MINUS	** 20	= 27	x \$9 \$18	\$486.00
INDEP. CLAIMS	* 4	MINUS	*** 3	= 1	x \$42 \$84	\$84.00
Fee for Multiple Dependent claims \$140°/\$280						\$280.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$850.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$850.00 is enclosed.
- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Patent and Trademark Office is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205.
- ☐ A check in the amount of \$____ to cover the Extension fee for response with a ____-month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York Office by telephone at (212) 218-2100 or by facsimile at (212) 218-2200. All correspondence should continue to be directed to our address given below.

Respectfully submitted,

Attorney for Applicant

Registration No. _____

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